

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/5/6660

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		2		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
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15		3		3		
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19		3		3		
20		3		3		
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22		3		3		
23		3		3		
24		3		3		
25		3		3		
26		3		3		
27		3		3		
28		3		3		
29		3		3		
30	1		1			
31		1		1		
32		1		1		
33		2		2		
34		3		3		
35		3		3		
36		3		3		
37		3		3		
38		3		3		
39		3		3		
40		3		3		
41		3		3		
42		3		3		
43						
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		110	←		←
TOTAL CLAIMS			112			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						